Unified Structure Regional Distribution (USRD) Enterprise Architecture Blueprint

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Chief,

Theater Functional Management Office

USRD Architecture

New EA is Unified Structure/Regional Distribution (USRD)

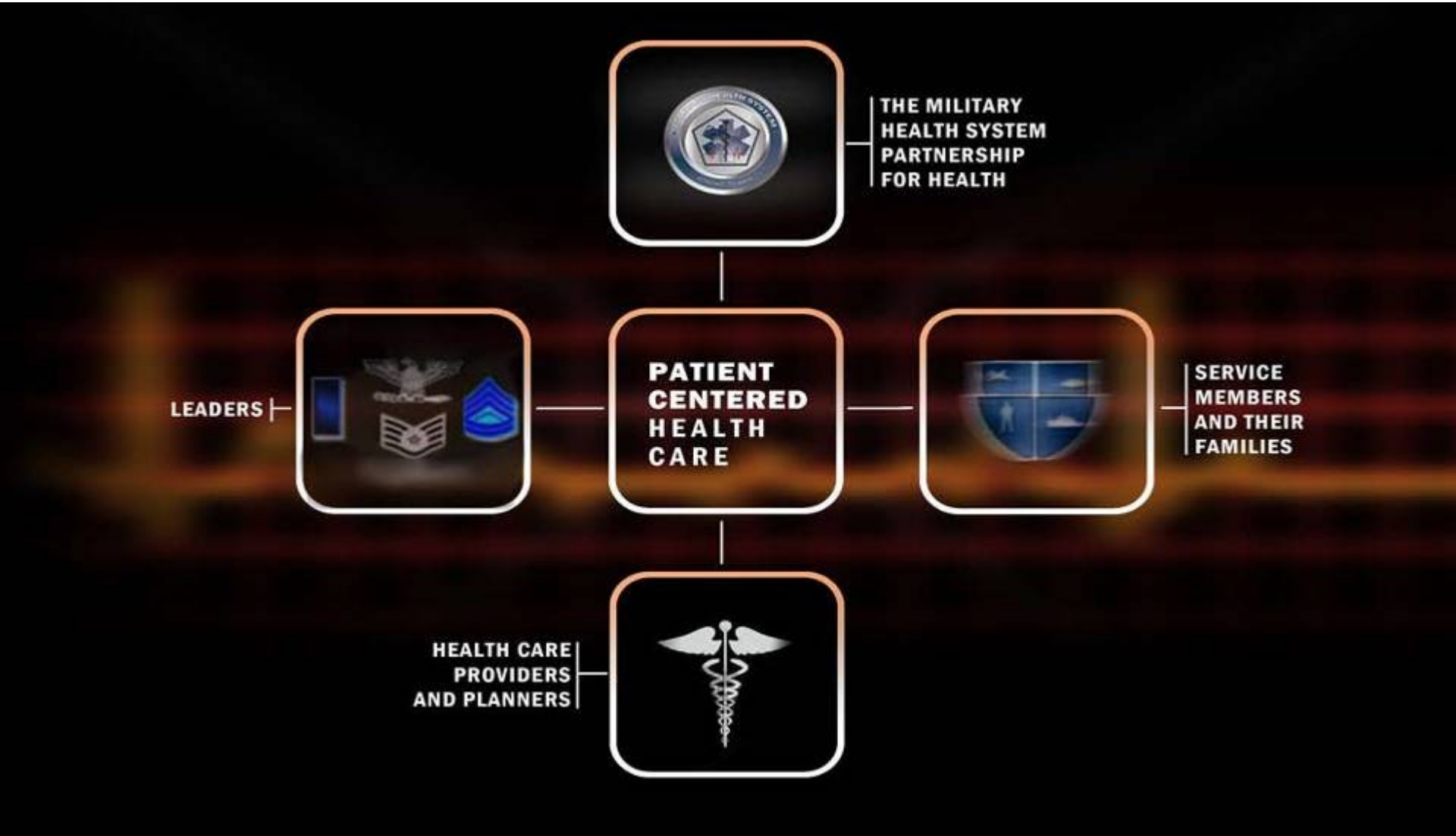
- Advanced Infrastructure and platform based upon:
- Enterprise-wide design and implementation
- Proven Technologies and Products
- Best Practices
- COTS/GOTS, Open Source and Standards

Enables Rapid Blueprinting, Design, Development, Prototyping, Deployment

USRD Leadership

- Ms. Ellen Embrey
  - Acting Principal Deputy Assistant Secretary of Defense Health Affairs
  - ***Key Sponsor***
- Mr. Tommy Morris
  - Acting Director, Force Health Protection and Readiness (FHP&R)
  - ***Chief Architect***
- Mr. Chuck Campbell
  - Chief Information Officer, Military Health Systems (MHS)
  - ***Key Strategist***
- Ms. Mary Ann Rockey
  - Program Executive Officer, Joint Medical Information Systems (JMIS)
  - ***Key Strategist***
- Col. Claude Hines Jr.
  - Program Manager (PM) - Defense Health Information Management System (DHIMS)
  - ***Lead Manager***

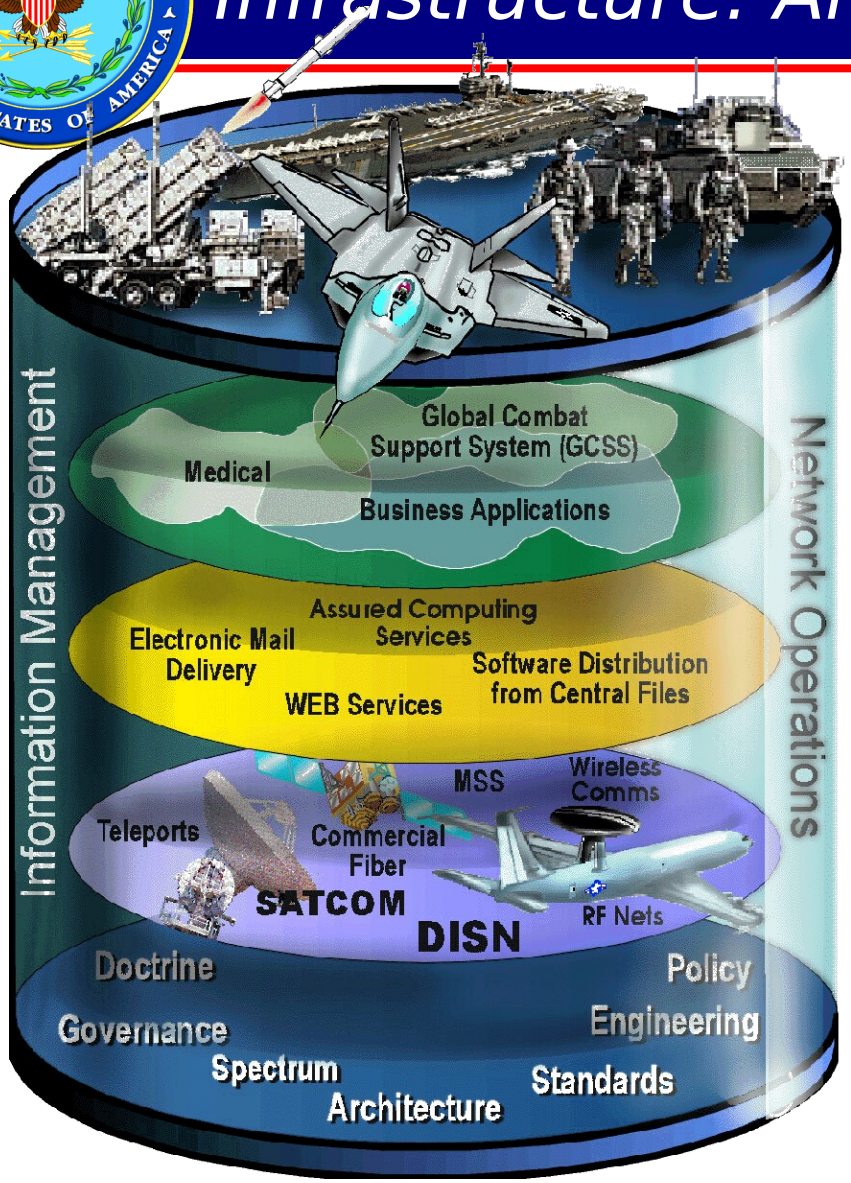
The Military Health System Community of Interest (COI)


THE MILITARY HEALTH SYSTEM PARTNERSHIP FOR HEALTH
LEADERS
PATIENT CENTERED HEALTH CARE
SERVICE MEMBERS AND THEIR FAMILIES
HEALTH CARE PROVIDERS AND PLANNERS

Defense-wide Health Care and Deployment Medical Support Capabilities

HEALTHY, FIT, & RESILIENT FORCE	MEDICALLY PROTECTED DEPLOYING FORCE	COMMON MEDICAL SUPPORT SERVICES	AGILE, RESPONSIVE MEDICAL FORCE
ACCESSION	DEPLOYMENT	AT HOME	RETIREMENT/ SEPARATION

Enterprise Architecture Network Infrastructure: An Integrated View



Enterprise Architecture is an Integrated Approach to:

- Application Selection/Systems Selection/Network Architecture and Engineering
- IP Networking
- Governance and Policy
- Medical Systems across the Continuum
- Network Services
- Network Management and Control / Automation
- SOA Messaging
- Applications and Content
- Network Operations (NetOPS)

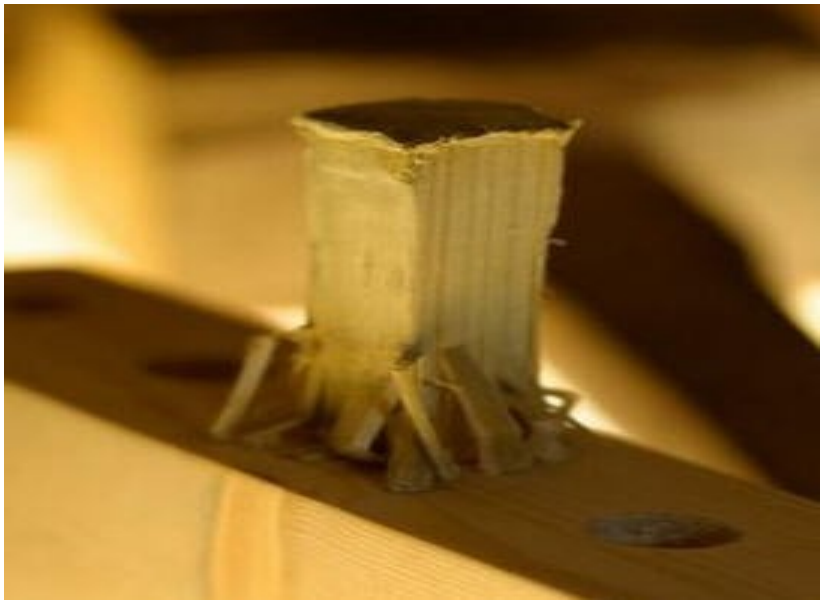
"Forcing" Applications that were not designed to fit together breaks everything

- Applications (Computer Programs) designed and built by different Vendors were never designed to fit into a common base

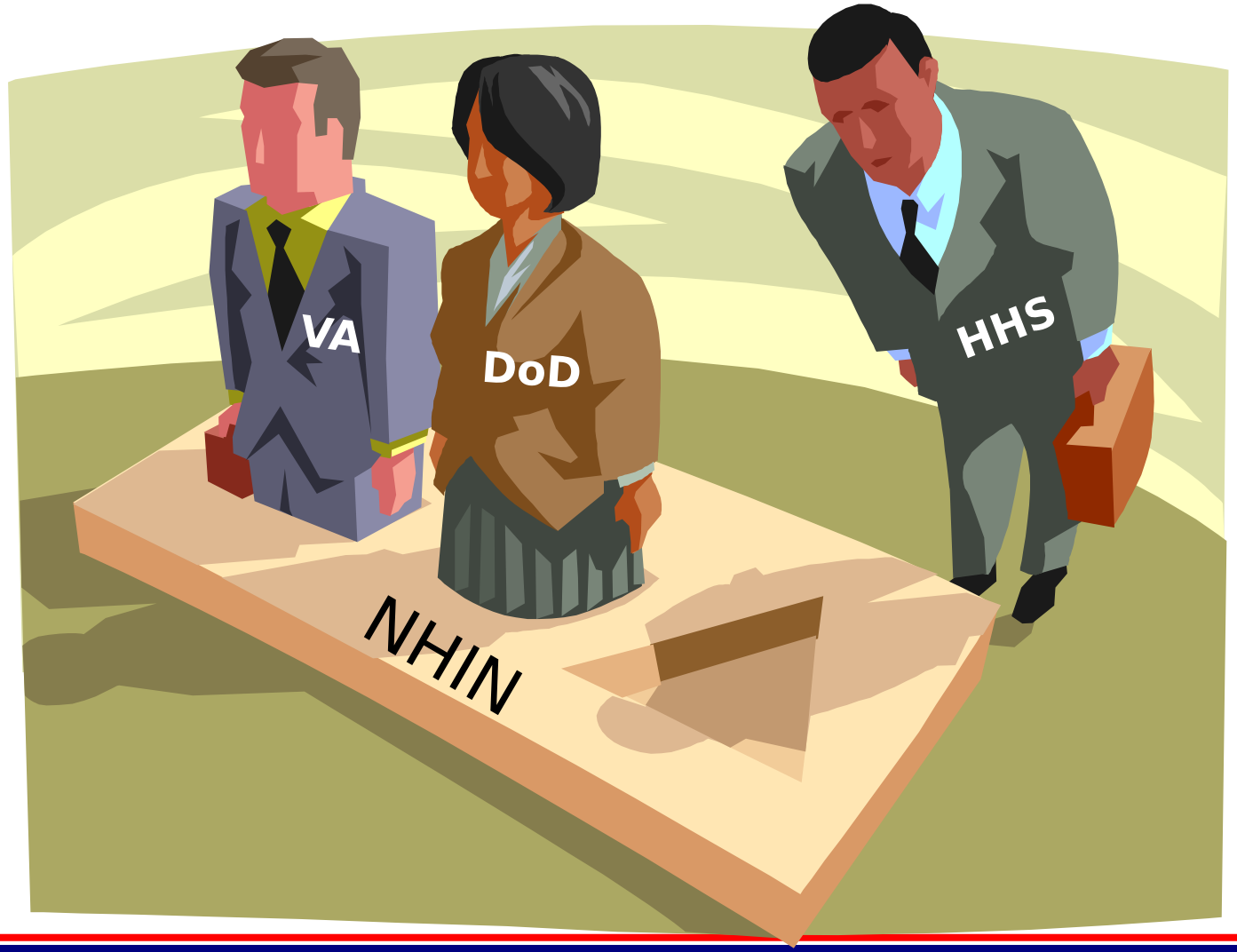
- Forcing them to fit is a bad idea, and does not work

- The vendors that created them don't know how to make them fit

- Brute Force only splinters (breaks) the pieces to a greater

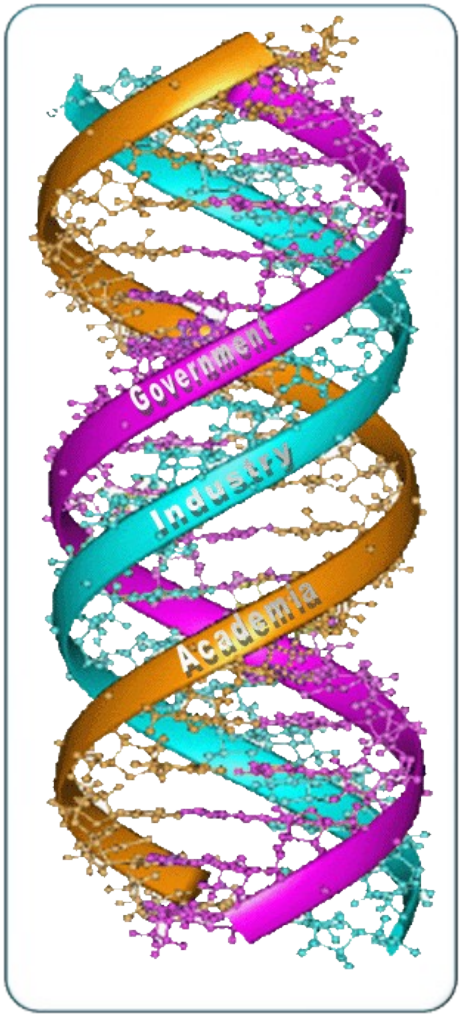


We need the base to connect Everyone



RedTeam

Developing trusted partners



Industry Forum

- ADARA
- Akimeka
- Booz-Allen
- Carmen Group
- Dell
- GE Medical
- Harris Corp
- Hewlett Packard
- INTEL
- IBM
- Lockheed Martin
- Microsoft
- Northop Grumman
- Oracle
- Parsons Institute
- SAIC
- 3M
- Vangent
- VMWARE

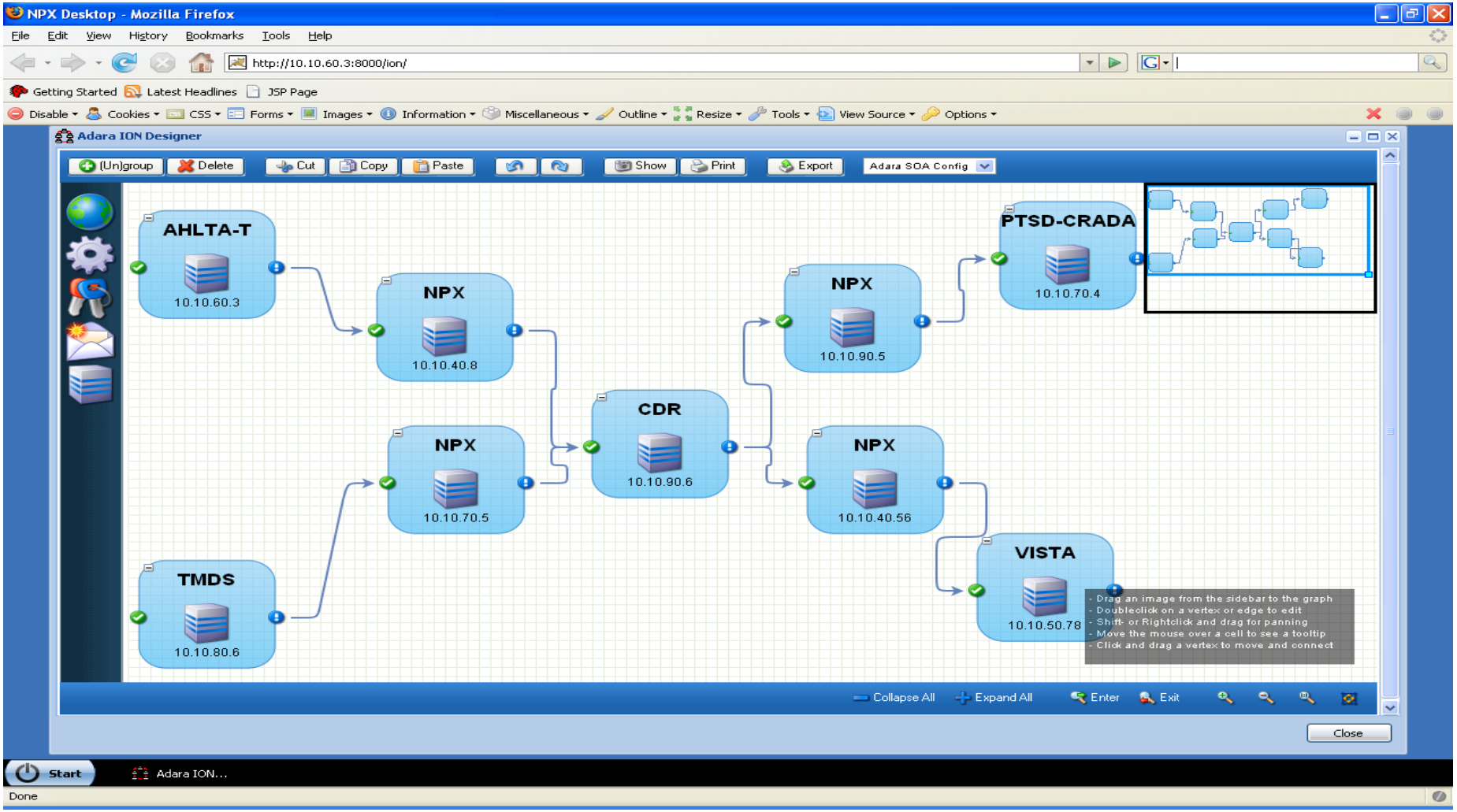
Government

- MHS EA
- DoD CIO
- NII
- DISA
- Army
- Navy
- Air Force
- Marine Corp
- COCOM's
- VA
- Joint Staff

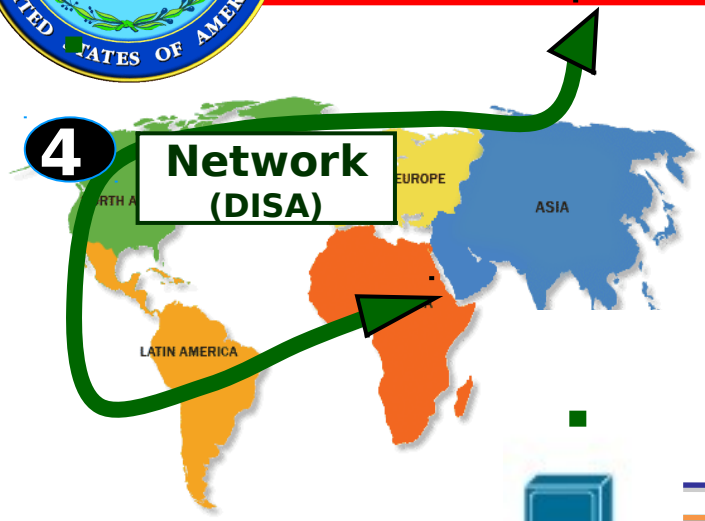
Government Functional

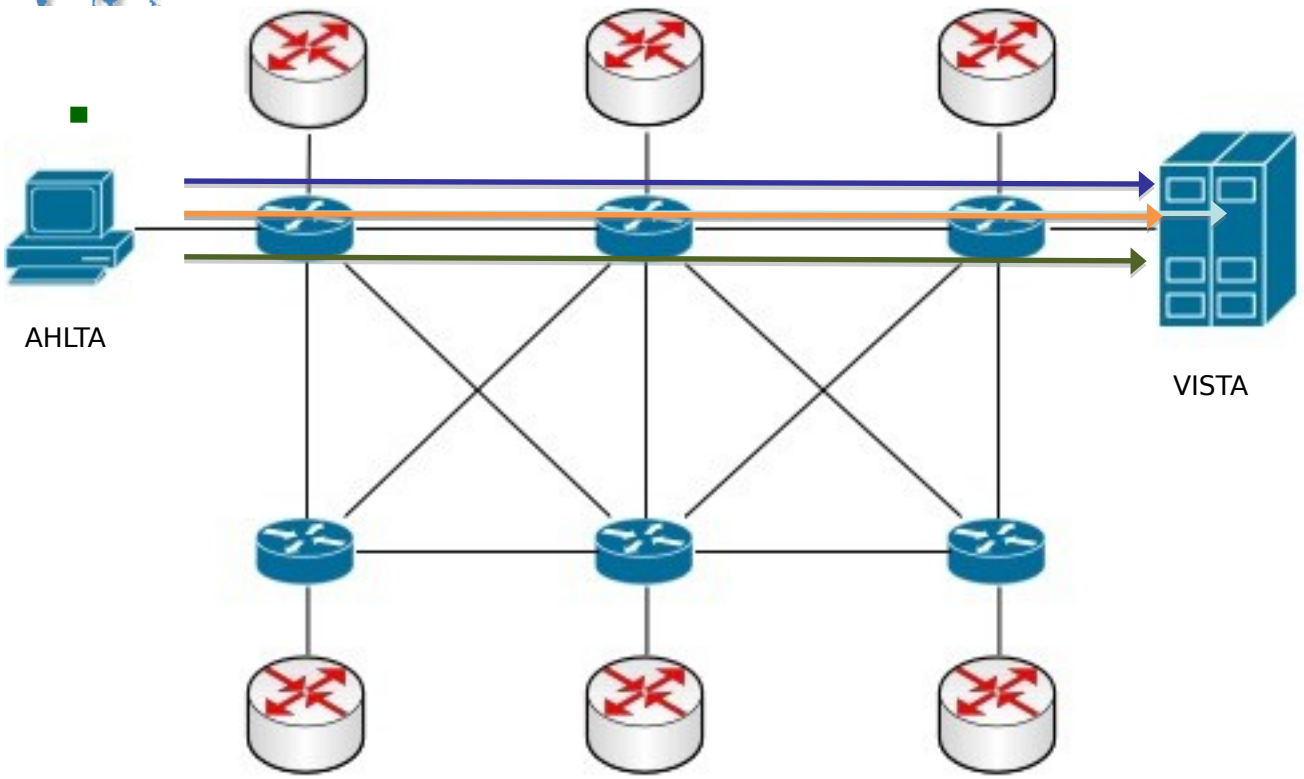
- DASD's
- Army
- Navy
- Air Force
- Marine Corp
- COCOM's
- VA
- DHS

Interface Designer

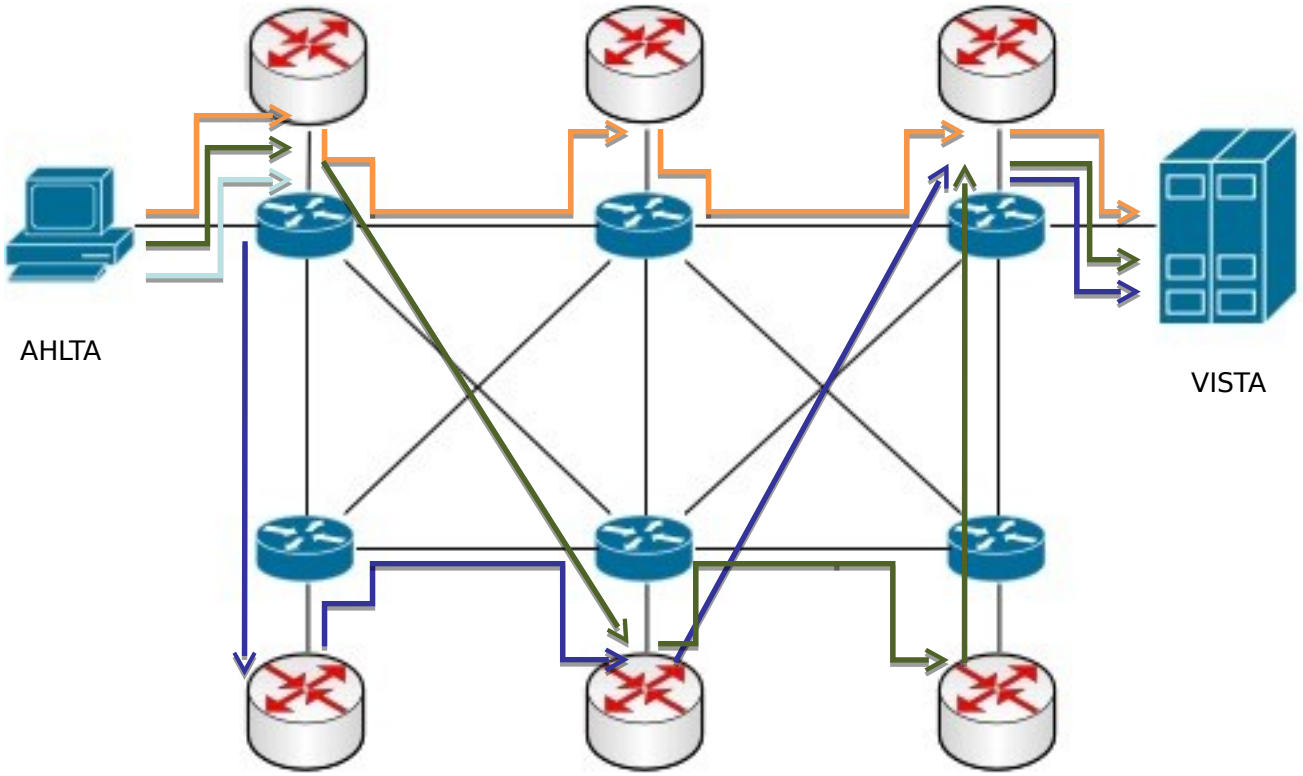


MHS Legacy Networking
Single Path Routing

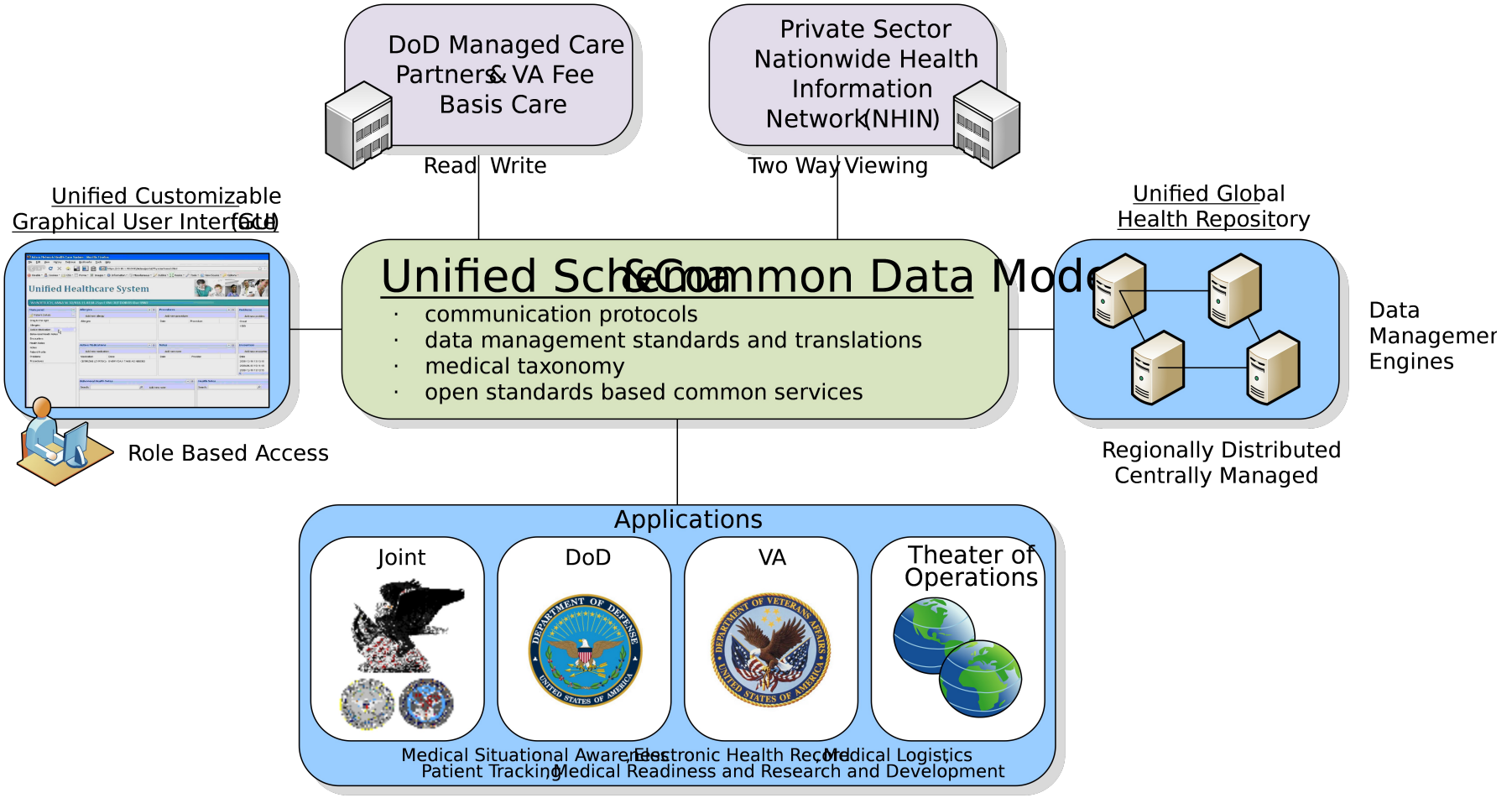




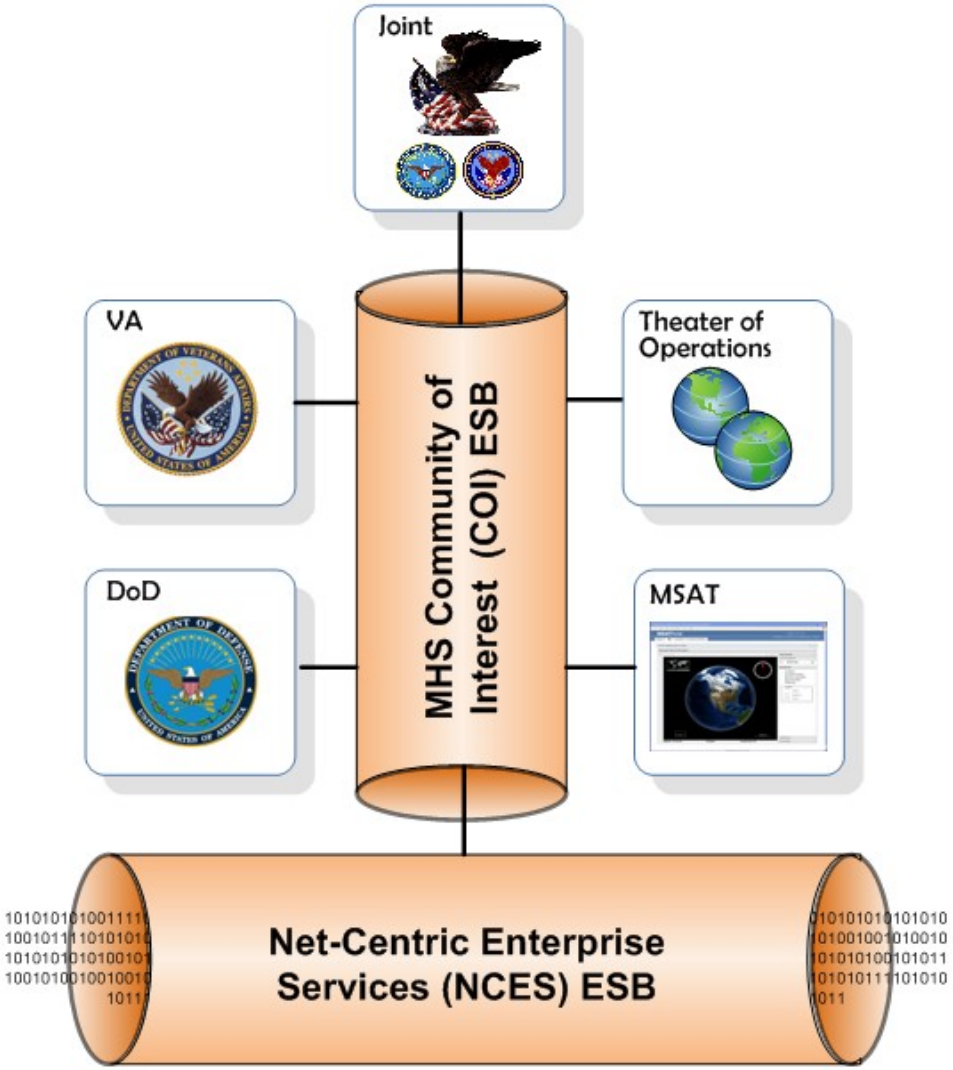
MHS USRD Networking
Multiple Path Routing



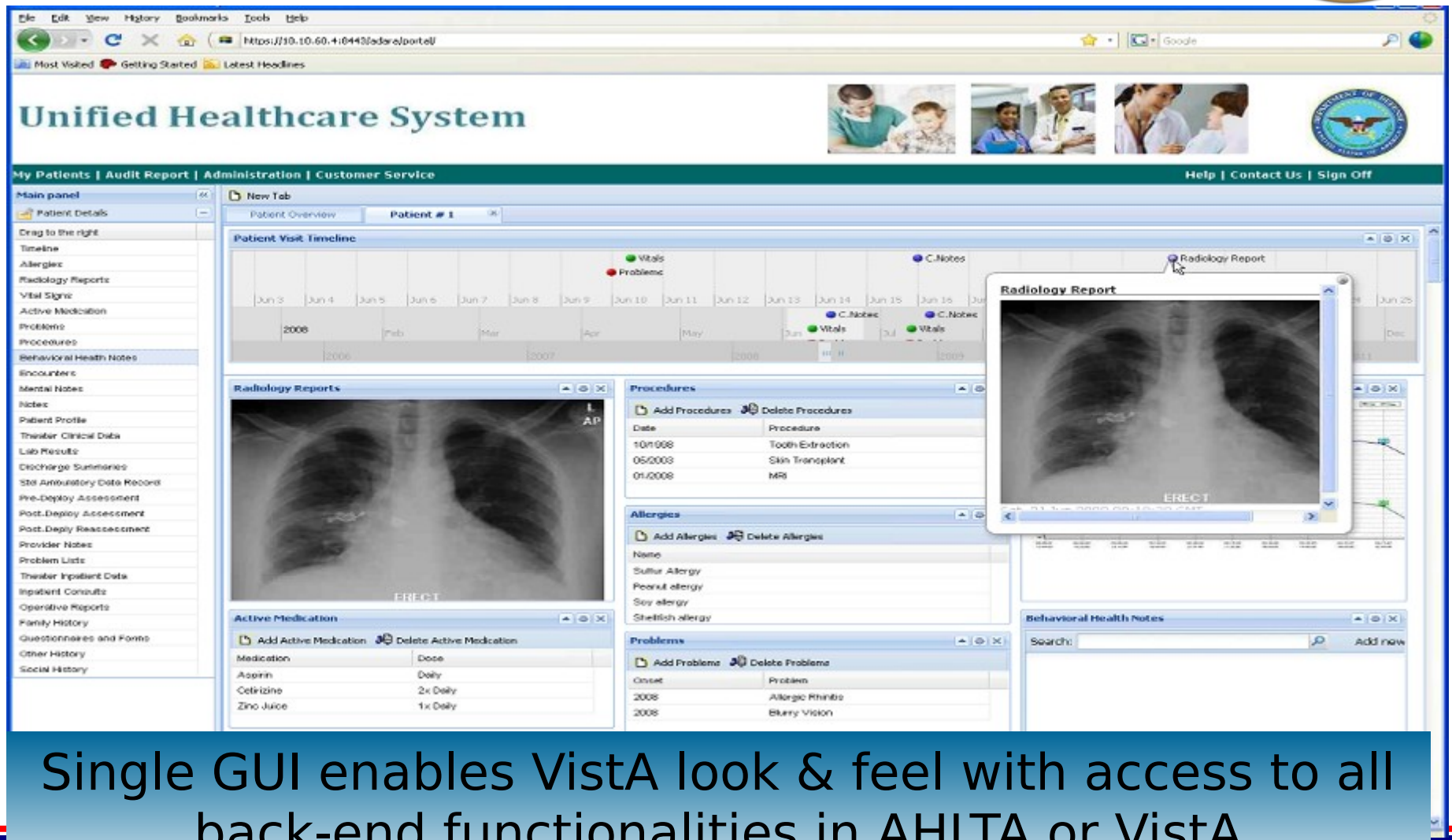
Unified Electronic Health System


DoD Managed Care Partners & VA Fee Basis Care
Private Sector Nationwide Health Information Network (NHIN)
Read Write
Two Way Viewing
Unified Customizable Graphical User Interface (GUI)
Unified Healthcare System
Role Based Access
Unified Service & Common Data Model
· communication protocols
· data management standards and translations
· medical taxonomy
· open standards based common services
Unified Global Health Repository
Data Managemer Engines
Regionally Distributed Centrally Managed
Applications
Joint
DoD
VA
Theater of Operations
Medical Situational Awareness, Electronic Health Record, Medical Logistics
Patient Tracking, Medical Readiness and Research and Development

Enterprise Service Bus (ESB)



Unified Customizable GUI



Single GUI enables VistA look & feel with access to all back-end functionalities in AHLTA or VistA

Q&A

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